

CC #	2011-0041938	Pct	1	Sectc	115	Car	115	SCPD Incident Report	Orig Supp	<input checked="" type="checkbox"/>	Domestic	<input type="checkbox"/>	MVA	<input type="checkbox"/>	Missing Person	<input type="checkbox"/>	B	12
INCIDENT																		
Report Date	1/26/2011	Report Time	16:38	Day	WED	Date (Occurred On/From)	1/26/2011	Time	16:28	Day		Date (Occurred To)		Time			C	
Business name and type (if residence, so indicate)														Town Code				
RESIDENCE														5250				
Incident Address																		
212 N 7TH ST LINDENHURST																		
No.	LAW	NAME OF OFFENSE	DEG	ART/SECTION	SUB	CAT	ATT	CTS	TARGET (J)	WEAPON CODES (A)								
1	PL	HARASSMENT 2ND	2	240.26	03	V	C	1		77								

Person Type: C=Complainant V=Victim A=Arrestee S=Identified Suspect W=Witness N=Neighbor P=Person Interviewed O=Other

ASSOCIATED PERSONS																							
Per	1	Type	C	Name (Last,First,Middle)	SPINA, VINCENT	D.O.B	10/24/1964	Sex	M	Race	01	Home Tel#	6312262694	Work Tel#		Cell Tel#	9175600287						
Address						212 N 7TH ST LINDENHURST NY																	
Offense						Offender																	
K						L M N Q R																	
Per	2	Type	S	Name (Last,First,Middle)	MCDONNELL, DANIEL	D.O.B	11/16/1970	Sex		Race		Home Tel#		Work Tel#		Cell Tel#							
Address						206 N 7TH ST LINDENHURST NY																	
Offense						Offender																	
K						L M N Q R																	
Neighborhood Canvass						Inv. Notified						Investigating Officer (Name, Shield)						Reporting Officer					
<input type="checkbox"/>						<input type="checkbox"/>						WHIDDEN, JOHN PO/5576/3B2											
Inv. Responding						<input type="checkbox"/>																	

PROPERTY																	
# of Crime Guns Recovered										0							
# of Crime Guns Sent to Crime Lab										0							
Per #	Quantity	Measure	Description (Include make, model, serial no., etc.)						Property Type	Property Status	Drug Type	Measure Source	Value				
Property Total																	

NARRATIVE																	
<p>COMP STATES THAT HE WAS CONFRONTED OUTSIDE HIS RESIDENCE BY HIS NEIGHBOR (ABOVE S) WHO STATED TO THE COMP THAT HE WAS GOING TO KILL THE COMP AND THAT HIS FAMILY WOULD BE GOING TO HIS FUNERAL. THIS CAUSED THE COMP TO BE FEARFUL FOR HIS SAFETY AND THAT OF HIS FAMILY. UPON ARRIVAL, THE SUSPECT HAD RETURNED TO HIS HOME AND REFUSED TO ANSWER HIS DOOR TO SPEAK WITH UNDERSIGNED. COMP STATES THIS IS AN ONGOING PROBLEM AND WOULD LIKE TO HAVE SUSPECT ARRESTED. COPY TO PCS.</p>																	
<p>Did reporting officer provide the victim with information on Victim's Rights and Services pursuant to NYS Law? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																	

ADMINISTRATIVE																	
Evidence/Tech work performed																	
Teletype No.						Connected CC #'s						# of Affidavits Prepared					
0						0						0					
Reclassification	Reclassified to:					Reclassified From:					IRS Updated	PDCS 1099-1 to follow					Confidential
<input type="checkbox"/>											<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> CLOSED (NON-CRIMINAL ONLY)	<input type="checkbox"/> CLEARED BY ARREST				Exceptionally Cleared Code				Status Date				TOT			
<input checked="" type="checkbox"/> PENDING	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> WARRANT ISSUED								1/26/2011							

*** End of Report ***

Att # 2

CC #	2011-0041938	Reporting / Investigating Officer	WHIDDEN, JOHN PO/5576/3B2	Supervisor	KOUBEK, MICHAEL SGT/1001	Pages	1 of 1
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Printed by: LOVECHR On: 9/5/2012 9:31:02 AM PDCS-1099ev

09/05/2012

Arrest Number: 015320-11 Agy: SPD Date: 05/05/11 Time: 1341

PIN: 576244 Name: MCDONNELL, DANIEL NYSID: 09850770N
Address: 206 N. 7TH ST, LINDENHURST, NY 11757
Phone: 6312261563 Cell: 5164490649

Race: W Sex: M DOB: 11/16/70

Arrest Location:

I/F/O 206 N. 7TH ST

Pct: 01 Sector: 115 Town: BA Hamlet: LINDEN

Arrested By:

Officer: MASCIO, RICCARDO J

PO 5533 / 0130

How: S - Sight (Summary)

Reason: I - Information and Belie

Arrest/Charge Data

CC Number: 11-0209715

001 PL 215.50 03 AM2 C CRIM CONTEMPT-2ND:DISOBEY CRT

THE DEFENDANT, AT I/F/O 212 N. 7TH ST., LINDENHURST, IN THE TOWN OF
BABYLON, SUFFOLK COUNTY, NEW YORK, ON OR ABOUT MAY 5, 2011, AT APPROXIMATELY
12:30 P.M., ENGAGED IN INTENTIONAL DISOBEDIENCE OR RESISTANCE TO THE LAWFUL
PROCESS OR OTHER MANDATE OF A COURT; IN THAT, THE DEFENDANT DID INTENTIONALLY
VIOLATE A DISTRICT COURT ORDER OF PROTECTION DOCKET NUMBER 0392111 ISSUED
1/28/11 BY JUDGE KELLEY. THE DEFENDANT DID ACCELERATE HIS 1991 FORD VAN NY
REG EXM 8124, AND SWERVED AT VINCENT SPINA 10/12/64 CAUSING HIM TO BE
ANNOYED, ALARMED
AND FEELING INTIMIDATED. THIS ACTION DID VIOLATE PROVISIONS OF SAID ORDER IN
WHICH DANIEL MCDONNELL WAS TO REFRAIN FROM HARASSMENT, AND INTIMIDATION. THE
DEFENDANT WAS PERSONALLY SERVED BY THE SUFFOLK COUNTY SHERIFF'S DEPT ON
1/28/11.

Att # 3

POLICE DEPARTMENT COUNTY OF SUFFOLK, NEW YORK
INTERNAL CORRESPONDENCE

TO: Christopher A. Love Sgt. 1086/1500
Internal Affairs

DATE: March 31, 2013

FROM: Dawn Mulcahy PO 5547/110/5

COPY TO: As Needed

SUBJECT: INTERNAL AFFAIRS BUREAU CASE #2011-347i


This statement is being submitted for administrative purposes only and because I have been ordered to do so by Sgt. Love and to refuse to do so would result in disciplinary action against me. I decline to waive any constitutional rights against self-incrimination and this document may not be used against me in any criminal proceeding.

On May 6, 2011, the undersigned officer was working a 9-7 tour on the desk. When I started my shift, I physically observed McDonnell, Daniel 11/16/70 lying down on the bench of cell M-2. During the course of my tour, I made numerous physical checks of Mr. McDonnell which are all documented on Mr. McDonnell's activity log. During my tour, I had also viewed Mr. McDonnell on the desk monitor. I only observed normal behavior exhibited by Mr. McDonnell, him lying down or sitting in his cell during each and every physical check as well as when viewing him on the desk monitor. There was no indication of any problems whatsoever with Mr. McDonnell during the 9-7 tour. At 0625hrs, I observed on the desk monitor, PO Morris 5779 give a meal to Mr. McDonnell who was standing and from what I recall remained standing through my last check at 0640hrs. Mr. McDonnell again exhibited normal behavior at both of these times.

Respectfully Submitted,

Dawn Mulcahy PO 5547/110/5

Dawn Mulcahy PO 5547/110/5

Att # 

POLICE DEPARTMENT COUNTY OF SUFFOLK, NEW YORK
INTERNAL CORRESPONDENCE

TO: Inspector Gerard Gigante
Commanding Officer 1st Precinct

DATE: April 1, 2013

FROM: P.O. James Hillgardner 3208/110/5


COPY TO: Sgt. Christopher Love
Command 1500
Internal Affairs

SUBJECT: Internal Affairs Bureau Case #2011-347i

This statement is being submitted for administrative purposes only and because I have been ordered to do so by Sgt. Christopher Love and to refuse to do so would result in disciplinary action against me. I expressly decline to waive any constitutional rights against self-incrimination and this document may not be admissible against me in any criminal proceeding.

On May 6, 2011 the undersigned Police Officer was working a 2100-0700 tour of duty assigned as a desk officer. My duties included making prisoner observations and noting same on PDCS2032f Prisoner Activity Log. While I have no clear independent recollection of the specified prisoner Mr. McDonnell, I made several notations on his prisoner activity log that I observed Mr. McDonnell lying down. These observations were made by looking at video monitors installed at the 1st Precinct desk and by the undersigned physically checking the cell area and nothing unusual was noted.

Respectfully submitted,


James Hillgardner P.O. 3208/110/5

*Forward to
IAB Sgt Love*

Recd

Att # (7) 1

POLICE DEPARTMENT COUNTY OF SUFFOLK, NEW YORK
INTERNAL CORRESPONDENCE

TO: Sgt. Christopher A. Love 1086/1500
Commanding Officer, 1st Precinct

DATE: March 29, 2013

FROM: P.O. Michael Berger 4986/110

COPY TO: AS NEEDED

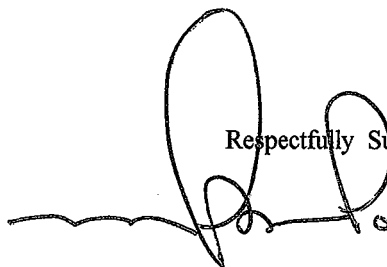
SUBJECT: Internal Affairs Bureau Case #2011-347i

This statement is being submitted for administrative purposes only and because I have been ordered to do so by Sgt. Love and to refuse to do so would result in disciplinary action against me. I expressly decline to waive any constitutional rights against self-incrimination and this document may not be used against me in any criminal proceeding.

On 05/05/11 at 1800 hours I physically observed Daniel McDonnell in cell M-2 of the 1st precinct cell block area during the process of ordering meals for the prisoners and at the time of this observation he appeared normal. On 05/05/11 at 1825 hours I again physically observed Daniel McDonnell in cell M-2 of the 1st precinct cell block area when I distributed the prisoners food and he again appeared normal.

During the course of my tour I glanced frequently at the cell monitors and Mr. McDonnell appeared normal at all times.

Respectfully Submitted,



P.O. 4986/110/3

Michael Berger P.O. 4986/110/3

AR 7/13

COUNT OF SUFFOLK, NEW YORK

DATE: 09/05/12

INDIVIDUAL ARREST REPORT

PAGE 1

NAME: MCDONNELL, DANIEL

PIN: 576244 DOB: 11/16/1970 RACE: White

ARREST: 015320-11 DATE: 20110505 TIME: 1341 CC: 11-0209715/SPD
PCT: 01 SECTOR: 115 TOWN: BA HAMLET: LINDEN OFFICER PID: 34389

CNT	CHARGE	CLA	CAT	DEG	A/C	DESCRIPTION	FAM
001	PL 215.50 03	A	M	2	C	CRIM CONTEMPT-2ND:DISOBEY CRT	N

DISPOSITION DATA - NONE

ARREST: 003127-11 DATE: 20110130 TIME: 1000 CC: 11-0018965/SPD
PCT: 01 SECTOR: 111 TOWN: BA HAMLET: WBABYL OFFICER PID: 33810

CNT	CHARGE	CLA	CAT	DEG	A/C	DESCRIPTION	FAM
001	PL 120.15	B	M	3	C	MENACING-3RD	N
002	PL 120.20	A	M	2	C	RECKLESS ENDANGERMENT-2ND	N

DISPOSITION DATA - NONE

ARREST: 013478-07 DATE: 20061017 TIME: CC: 07-0904757/SPD
PCT: SECTOR: TOWN: BA HAMLET: OFFICER PID:

CNT	CHARGE	CLA	CAT	DEG	A/C	DESCRIPTION	FAM
001	VTL 0306 B	0	I	0	C	NO INSP CERT	
002	VTL 0509 01	0	I	0	C	UNLIC DRIVER	
003	VTL 0319 01	0	I	0	C	OPR NO FIN PRF	
004	VTL 1211 0A	0	I	0	C	UNSAFE BACKING OF VE	
005	VTL 0511 01A	U	M	3	C	AGG UNLIC OPER 3RD	

DISPOSITION DATA - NONE

Att # 8

.Name Search Result - 8 Found

*Last Name	.First Name	.P. .T.DOB	.CC Number	.Report .Date	.Description	.S .C
MCDONNELL	DANIEL	C 19701116	03-480538	08/19/03	MVA INJURY	
MCDONNELL	DANIEL	S 19701116	04-203822	04/19/04	LV SCN ACCDNT	
MCDONNELL	DANIEL	O 19701116	07-185595	04/11/07	DOMESTIC	
MCDONNELL	DANIEL	O 19701116	07-197362	04/17/07	DOMESTIC	
MCDONNELL	DANIEL, G	C 19701116	08-145071	03/21/08	AIDED CASE	
MCDONNELL	DANIEL	C 19701116	08-555273	10/02/08	DISTURBANCE	
MCDONNELL	DANIEL	C 19701116	09-202836	04/29/09	DISTURBANCE	
MCDONNELL	DANIEL	C 19701116	09-594105	11/10/09	POLICE INFO	
MCDONNELL	DANIEL	C 19701116	10-025991	01/16/10	MVA	
MCDONNELL	DANIEL	C 19701116	10-025991	01/16/10	MVA	
MCDONNELL	DANIEL	C 19701116	10-264208	05/27/10	DOMESTIC	
MCDONNELL	DANIEL	C 19701116	10-354830	07/08/10	CIVIL DISPUTE	
MCDONNELL	DANIEL	N 19701116	10-626880	11/25/10	DISTURBANCE	
MCDONNELL	DANIEL	S 19701116	11-041938	01/26/11	HARASSMENT 2	
MCDONNELL	DANIEL	S 19701116	11-043620	01/26/11	EXPOSURE PERSON	
MCDONNELL	DANIEL	A 19701116	11-209715	05/05/11	CRIM CONTEMPT 2	
MCDONNELL	DANIEL	C 19701116	11-211241	05/06/11	DEATH INVESTIGA	
MCDONNELL	DANIEL	C 19701116	11-215407	05/06/11	EMERG INCIDENT RPT	

Att # 9

Phone: (516)4490649 Nature: 10-85 Priority: 1 CC: 2007-0185595

Location: 206 7TH ST LINDEN BA Sector: 115

Cross Street: W JOHN / HARRINGTON AV

Complainant: DANIEL MCDONALD

Complainant Addr: 206 N 7TH ST LINDEN BA

Interview Requested: Y

Remarks: HUSB HIGH ON DRUGS

Date Received: 04/11/07 ECO Pos/ID: 14/802 Unit(s): 118 119 120 120
Time Received: 18:59 Disp ID: 501
Time To Disp: 18:59 Shield: 3942
Time Dispatch: 19:00 Final Disp:
Time Unit Arr: 19:05 CR Field Match: D
Time Closed: 19:52

----- Unit Times -----

118 04/11/07 19:01 EN
118 04/11/07 19:05 36 10-36 VIA MDC BUTTON
118 04/11/07 19:07 36
118 04/11/07 19:07 CO By 01/0501: CONTROLLED SITUATION
118 04/11/07 19:52 38
120 04/11/07 19:01 EN
120 04/11/07 19:11 36 10-36 VIA MDC BUTTON
120 04/11/07 19:15 27 FORCED TO ANOTHER CALL
120 04/11/07 19:15 EN
120 04/11/07 19:25 27 FORCED TO ANOTHER CALL
08/04/07 16:32 MP By 91/1360: Changed from: _ To: D
119 04/11/07 19:00 EN
119 04/11/07 19:41 27 FORCED TO ANOTHER CALL

Att # (104)

----- Incident Data -----

CC: 07-185595 Pct:01 Sector: 115 Car: 118 Domestic: Y Command: 0110

Report Date: 04/11/07

Occurred From: 04/11/07 - 1645

Time: 1952

To: -

Business Name:

Town Code: 5250

Address: 206 N 7TH ST LINDEN Zip:

Offense

Cat

Deg

Description

Att

DOMESTIC

Remarks: VERBAL W/ HUSB DANIEL 111670

----- Persons Involved -----

Typ Name	DOB	Sex	Race	Ethnicity	Relation to Off
C MCDONNELL, DANIELLE	19721229	F	White	Non-Hispanic	Spouse
206 N 7TH ST LINDENHURST NY	[H]:2261563			[W]:5169184618	

Type of Injury: None

Level of Injury:

Medical Treatment:

O MCDONNELL, DANIEL	19701116	M	White	Non-Hispanic	Spouse
206 N 7TH ST LINDEN NY	[H]:2261563			[W]:9911564cell	

Type of Injury:

Level of Injury:

Medical Treatment:

----- Suspects/Arrestees -----

Typ Name	DOB	Sex	Race	Ethnicity	Age	Hgt	Wgt
----------	-----	-----	------	-----------	-----	-----	-----

----- Vehicle(s) -----

Year Make	Model	VIN	Color	Plate	St
-----------	-------	-----	-------	-------	----

----- Property -----

Per	Sta	Quantity	Description	Typ	Value
-----	-----	----------	-------------	-----	-------

----- Narrative -----

----- Administrative -----

Case Status: Closed Non Crimina Date: 20070411

Teletype:

TOT:

Evidence/Tech Work Done:

Weapon (A):

Location (B):

Larceny/Theft Category (C):

Bias Crime Type (D):

Is Victim also Complainant (E):

ATT # 10-2

Is Offense Gang Related (F):
Is Offense Computer Rel (G):
Drug Type (H):
Assault/Homicide Circum (I):
Burglary Point of Entry (T):
Burglary Method of Entry (U):
Cancel Teletype:
Cancel Teletype Date:

Domestic: Y
Order or Protection: N
Violate Order of Protection: N
Issuing Court:
Arrest Made: N
Non-Arrest Reason: No Offense
Resist Arrest: N
Guns in House: N
Victim Contrib Fact: None
Suspect Contrib Fact: Drugs
Vulnerable Adult Abuse Case:

Officer: PO SHEEHAN THOMAS J 3942
Investigator:
Supervisor:

----- Tour Report Entries -----

Att # 10-3

Agency: SCPD, ORI: NY 051, New York State DOMESTIC INCIDENT REPORT (PRINT UPPER CASE), SPRINT No. (NYPD): 3, Incident Report No.: 07-125575, Pct. of Report: 1

Date of Report: 4.11.07, Time of Report: 19:15, Date of Occur: 4.11.07, Address of Occurrence: 206 N. 7th St. Lindenhurst, Apt. No.: 115, Sector: 115, Beat: 118

Compl./Victim's Last Name, First, M.I.: M. McDonnell, Danielle, Address: 206 N. 7th St. Lindenhurst, Sex: F

Date of Birth: 12-29-72, Age: 34, Home Phone: 206-1563, Race: White, Ethnic Origin: Non-Hispanic

Suspect/Other Party Last Name, First, M.I.: M. McDonnell, Daniel, Address: 206 N. 7th St. Lindenhurst, Sex: M

Date of Birth: 11-16-70, Age: 36, Home Phone: 206-1563, Race: White, Ethnic Origin: Non-Hispanic

Suspect Relationship to the Complainant/Victim: Husband/Wife, Suspect Present? YES, Offense/Incident Involved: POLICE INFORMATION

Order of Protection? Violated? NO, Issuing Court: N/A, OP Registry Checked? YES, Complaint Report Prepared? YES, Report Received: Walk-in

Suspect Used/Threatened Weapons? NO, Victim Injured? NO, Aided No., Removed to Hospital? NO, What Hospital?

Photos Taken? YES, Arrest Made? YES, Non Arrest Reason: No Offense Committed, If Arrest Made, Did Perp. Resist? NO

Charge(s) (List All): None, Arrest No. PIN No.

Family/Household Members Present? YES, List Children/Household Members Present or Not: M. McDonnell, Devon (P), Date of Birth: 1.19.02, Relationship: Son

Domestic Incident Report Receipt Issued? YES, DV Notice Issued to Victim: YES, Date: 4.11.07

Suspect's Actions: Biting, Choking, Destroying Property, Forcible Restraint, Grabbing, Hair Pulling, Homicide, Injury to Child, Kicking, Pulling Phones From Wall, Punching, Pushing, Pushing/Slamming Into Walls, Sexual Abuse, Slapping, Threats With Weapon(s), Throwing Items, Using Weapon(s), Verbal Abuse, Other: STRANGE BEHAVIOR

Narrative of the Incident: (include results of investigation and basis for action taken)

Camp reports husband is displaying strange behavior. IE disconnecting wires to computer and TV. Camp suspects he has a cocaine problem. Subject not a danger to himself or others at this time. Camp was referred to family court in Central Islip.

Contributing Factors (Victim): Drugs, Other, None, Contributing Factors (Offender): Drugs, Other, None, Status: Closed - Non Criminal Only

Victim's Statement of Allegations: S/A/A

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law. Victim's Signature: [Signature], Date: 4.11.07

Other involved Agency(s):

Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? YES, Any Guns In The House? YES, Any Guns Seized? YES, Household Member Have a Pistol Permit? YES, Permit Seized? YES

REFERRALS: Child Protective Services, Licensing Bureau, Adult Protective Services, Domestic Violence Services, Other Outside Agency, Name of Person Notified: [Signature], Date: 4.11.07

Reporting Officer's Signature (Include Rank): [Signature], Supervisor's Signature (Include Rank): [Signature], Date: 4.11.07

Phone: (631)2261563 Nature: 10-85 Priority: 1 CC: 2007-0197362

Location: 206 7TH ST LINDEN BA Sector: 115

Cross Street: W JOHN ST / HARRINGTON AV

Complainant: & MRS MCDONNELL

Complainant Addr: 206 N 7 LINDEN

Interview Requested: Y

Remarks: POSS 10-85-HUSB TEARING UP HOUSE-HUSB IS BI-POLAR

COMPL-BILL-MENTAL HEALTH CLINIC-631-761-2929

Date Received: 04/17/07 ECO Pos/ID: 33/838 Unit(s): 115 118 118 117
Time Received: 23:19 Disp ID: 851
Time To Disp: 23:19 Shield: 5839
Time Dispatch: 23:19 Final Disp: DO
Time Unit Arr: 23:24 CR Field Match: D
Time Closed: 00:53

----- Unit Times -----

118 04/17/07 23:20 EN
118 04/17/07 23:24 36
118 04/18/07 00:20 38
118 04/18/07 00:29 EN
118 04/18/07 00:29 FF GOODSAM
118 04/18/07 00:53 27
08/09/07 17:24 MP By 82/2009: Changed from: _ To: D
117 04/17/07 23:20 EN
117 04/17/07 23:24 36 10-36 VIA MDC BUTTON
117 04/17/07 23:24 36
117 04/18/07 00:20 38
115 04/17/07 23:19 EN
115 04/17/07 23:24 36
115 04/17/07 23:24 36 10-36 VIA MDC BUTTON
115 04/17/07 23:25 CO By 01/0851: CONTROLLED SITUATION
115 04/17/07 23:37 RN M-INCOHERENT
115 04/18/07 00:20 38
115 04/18/07 00:28 RE REACTIVATED
115 04/18/07 00:28 FF GOODSAM
115 04/18/07 00:35 36 10-36 VIA MDC BUTTON
115 04/18/07 00:35 36 10-36 VIA MDC BUTTON
115 04/18/07 00:53 27

LU

LU

Att # 117

----- Incident Data -----

CC: 07-197362 Pct:01 Sector: 115 Car: 115 Domestic: Y Command: 0100

Report Date: 04/17/07
Time: 0053Occurred From: 04/17/07 - 2310
To: -

Business Name:

Town Code: 5250

Address: 206 N 7TH ST LINDEN Zip:

Offense	Cat	Deg	Description	Att
			DOMESTIC	

Remarks: POSS 10-85-HUSB TEARING UP HOUSE-HUSB IS BI-POLAR

----- Persons Involved -----

Typ	Name	DOB	Sex	Race	Ethnicity	Relation to Off
O	MCDONNELL, DANIEL	19701116	M	White	Non-Hispanic	Spouse
	206 N 7TH ST LINDENHURST NY	[H]:226-1563			[W]:	

Type of Injury:
Level of Injury:
Medical Treatment:

C	MCDONNELL, DANIELLE	19721229	F	White	Non-Hispanic	Spouse
	206 N 7TH ST LINDENHURST NY	[H]:226-1563			[W]:516-918-9618	

Type of Injury: None
Level of Injury:
Medical Treatment:

----- Suspects/Arrestees -----

Typ	Name	DOB	Sex	Race	Ethnicity	Age	Hgt	Wgt
-----	------	-----	-----	------	-----------	-----	-----	-----

----- Vehicle(s) -----

Year	Make	Model	VIN	Color	Plate	St
------	------	-------	-----	-------	-------	----

----- Property -----

Per	Sta	Quantity	Description	Typ	Value
-----	-----	----------	-------------	-----	-------

----- Narrative -----

----- Administrative -----

Case Status: Closed Non Crimina Date: 20070417
Teletype: TOT:

Evidence/Tech Work Done:

Weapon (A):
Location (B):
Larceny/Theft Category (C):
Bias Crime Type (D):
Is Victim also Complainant (E):

Att # 1-2

Is Offense Gang Related (F):
Is Offense Computer Rel (G):
Drug Type (H):
Assault/Homicide Circum (I):
Burglary Point of Entry (T):
Burglary Method of Entry (U):
Cancel Teletype:
Cancel Teletype Date:

Domestic: Y
Order or Protection: N
Violate Order of Protection: N
Issuing Court:
Arrest Made: N
Non-Arrest Reason: No Offense
Resist Arrest: N
Guns in House: N
Victim Contrib Fact: None
Suspect Contrib Fact: None
Vulnerable Adult Abuse Case:

Officer: PO BREUER RONALD E 5839
Investigator:
Supervisor:

----- Tour Report Entries -----

ALL # 11-3

Agency SCPD	ORI NY 05-1	New York State DOMESTIC INCIDENT REPORT (PRINT UPPER CASE)	SPRINT No. (NYPD) 2-311	Incident Report No. 07-197362	Pct. of Report 1		
Date of Report 04.17.07	Time of Report 23:10	Date of Occur 04.17.07	Time of Occur 23:10	Address of Occurrence 206 N. 7th St., Lindenhurst	Apt. No. -	Sector 115	Beat 115
Compl./Victim's Last Name, First, M.I. McDonnell, Danielle		Address 206 N. 7th St. Lindenhurst		Sex F			
Date of Birth 12.29.72	Age 34	Home Phone 226-1563	Work Phone 516-918-9618	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		
Suspect/Other Party Last Name, First, M.I. McDonnell, Daniel		Address 206 N. 7th St. Lindenhurst		Sex M			
Date of Birth 11.16.70	Age 36	Home Phone 226-1563	Work Phone -	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	Ethnic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		
Suspect Relationship to the Complainant/Victim Husband		Suspect Present? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Offense/Incident Involved: <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Viol <input checked="" type="checkbox"/> Other		Description (Offenses) Verbal Dispute		
Order of Protection? Violated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Issuing Court -	OP Registry Checked <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Expir. Date -	Complaint Report Prepared? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Compl. No. -	Report Received <input type="checkbox"/> Walk-in <input checked="" type="checkbox"/> Radio Run	
Suspect Used/Threatened Weapons? Type: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Victim Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Describe (use code) -		Aided No. -	Removed to Hospital? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	What Hospital? Good Sam
Photos Taken? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Arrest Made? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Non Arrest Reason <input checked="" type="checkbox"/> No Offense Committed <input type="checkbox"/> Not at Scene <input type="checkbox"/> Warrant Requested <input type="checkbox"/> Other		If Arrest Made, Did Perp. Resist? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Charge(s) (List All) -				Arrest No. PIN No. -			
Family/Household Members Present? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		List Children/Household Members Present or Not McDonnell, Kevin (P)		Date of Birth 02.14.02	Relationship Son		
Domestic Incident Report Receipt issued? If NO, Reason: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				DV Notice Issued to Victim <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Date 04.17.07	
Suspect's Actions: <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Destroying Property <input type="checkbox"/> Forcible Restraint <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Injury to Child <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Phones From Wall <input type="checkbox"/> Punching <input type="checkbox"/> Pushing <input type="checkbox"/> Pushing/Slamming Into Walls <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Slapping <input type="checkbox"/> Threats With Weapon(s) <input checked="" type="checkbox"/> Throwing Items <input type="checkbox"/> Using Weapon(s) <input type="checkbox"/> Verbal Abuse <input checked="" type="checkbox"/> Other:							
Narrative of the Incident: (include results of investigation and basis for action taken) Comp. reports subj. began to throw all of the clothes from their closet onto the floor and was rambling in an incoherent manner. Comp. suspects subj. has a drug problem, and subj. was sweating profusely and incoherent upon police arrival. Subj. was transported to Good Sam. via Lindenhurst FD for medical treatment.							
Contributing Factors (Victim) <input type="checkbox"/> Drugs <input type="checkbox"/> Other <input checked="" type="checkbox"/> None <input type="checkbox"/> Alcohol <input type="checkbox"/> Psychiatric		Contributing Factors (Offender) <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Alcohol <input type="checkbox"/> Psychiatric		Status: <input type="checkbox"/> Pending <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Active <input checked="" type="checkbox"/> Closed - Non Criminal Only <input type="checkbox"/> Exceptionally Cleared			
Victim's Statement of Allegations: -							
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law.				Victim's Signature Danielle McDonnell		Date 04.17.07	
Other involved Agency(s) -				Faxed to: <input checked="" type="checkbox"/> DV Unit <input type="checkbox"/> Pistol <input type="checkbox"/> IAB			
Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse; Neglect or Maltreatment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Any Guns In The House? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522				Household Member Have a Pistol Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
REFERRALS: <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Licensing Bureau <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Other Outside Agency				Name of Person Notified: -			
Reporting Officer's Signature (include Rank) [Signature]				Officer I.D. No. 976913		Date 04.17.07	
Supervisor's Signature (include Rank) [Signature]				Date 4.18.07		Page 1	

Phone: (631)2261563 Nature: 10-85 Priority: 1 CC: 2008-0145071

Location: 206 7TH ST LINDEN BA Sector: 115

Cross Street: W JOHN ST / HARRINGTON AV

Complainant: BRIGITTE MCDONNELL

Complainant Addr: 206 N 7 LINDEN

Interview Requested: Y

Remarks: VIOL 37 Y/O SON ON DRUGS/POSS COCAINE

Date Received: 03/21/08 ECO Pos/ID: 21/834 Unit(s): 108 113 115 137 106 110
Time Received: 18:21 Disp ID: 403
Time To Disp: 18:22 Shield: 4986
Time Dispatch: 18:23 Final Disp:
Time Unit Arr: 18:27 CR Field Match: F
Time Closed: 19:54

----- Unit Times -----

120 03/21/08 18:30 EN
120 03/21/08 18:33 36
120 03/21/08 18:34 CO By 01/0403: CONTROLLED SITUATION
120 03/21/08 18:34 CO By 01/0403: CONTROLLED SITUATION
120 03/21/08 19:04 27 FORCED TO ANOTHER CALL
113 03/21/08 19:04 EN
113 03/21/08 19:05 27 FORCED TO ANOTHER CALL
121 03/21/08 18:30 EN
121 03/21/08 18:36 36 10-36 VIA MDC BUTTON
121 03/21/08 18:55 27
119 03/21/08 18:23 EN
119 03/21/08 18:27 36
119 03/21/08 19:09 36 10-36 VIA MDC BUTTON
119 03/21/08 19:15 27
138 03/21/08 18:30 EN
138 03/21/08 18:34 36
138 03/21/08 18:40 FF RESCUE FOR 138 VIA LANDLINE
138 03/21/08 19:06 FF RESP GOOD SAM
138 03/21/08 19:54 27
106 03/21/08 18:30 EN
106 03/21/08 18:38 RN RESCUE NOTIFIED
106 03/21/08 19:54 27
115 03/21/08 18:23 EN
115 03/21/08 18:27 36 10-36 VIA MDC BUTTON
115 03/21/08 18:59 FF GOOD SAM
115 03/21/08 19:53 38
137 03/21/08 18:30 EN
137 03/21/08 18:34 36
137 03/21/08 19:05 27
117 03/21/08 18:30 EN
117 03/21/08 18:32 36 EDP IN THE BATHROOM
117 03/21/08 19:05 27
128 03/21/08 18:31 EN

LU

LU

APR 1 2008 12-1

128 03/21/08 18:33 36
128 03/21/08 19:17 27
118 03/21/08 18:23 EN
118 03/21/08 18:27 36 10-36 VIA MDC BUTTON
118 03/21/08 18:27 36
118 03/21/08 18:59 FF FOLLOWING RIG
118 03/21/08 19:54 27
07/26/08 08:00 MP By 85/9999: Changed from: _ To: F
108 03/21/08 18:30 EN
108 03/21/08 18:35 27 FORCED TO ANOTHER CALL
102 03/21/08 18:36 EN
102 03/21/08 18:36 36
102 03/21/08 19:23 27
110 03/21/08 18:30 EN
110 03/21/08 18:59 FF GOOD SAM
110 03/21/08 19:48 27

LU

LU

All # 17-2

----- Incident Data -----

CC: 08-145071 Pct:01 Sector: 115 Car: 115 Domestic: Command: 0100

Report Date: 03/21/08

Occurred From: 03/21/08 - 1820

Time: 1954

To: -

Business Name:

Town Code: 5250

Address: 206 N 7TH ST LINDEN Zip:

Offense

Cat

Deg

Description

Att

AIDED CASE

Remarks: VIOL 37 Y/O SON ON DRUGS/POSS COCAINE

----- Persons Involved -----

Typ Name	DOB	Sex	Race	Ethnicity	Relation to Off
C MCDONNELL, DANIEL, G	19701116	M			
206 N 7TH ST LINDENHURST NY [H]:226-1563 [W]:					

Type of Injury:
Level of Injury:
Medical Treatment:

----- Suspects/Arrestees -----

Typ Name	DOB	Sex	Race	Ethnicity	Age	Hgt	Wgt
----------	-----	-----	------	-----------	-----	-----	-----

----- Vehicle(s) -----

Year	Make	Model	VIN	Color	Plate	St
------	------	-------	-----	-------	-------	----

----- Property -----

Per	Sta	Quantity	Description	Typ	Value
-----	-----	----------	-------------	-----	-------

----- Narrative -----

COMP TRANSPORTED TO GOOD SAM HOSPITAL VIA LINDENHURST RESCUE WITH PD ASSISTANCE

----- Administrative -----

Case Status:

Date:

Teletype:

TOT:

Evidence/Tech Work Done:

Weapon (A):

Location (B):

Larceny/Theft Category (C):

Bias Crime Type (D):

Is Victim also Complainant (E):

Is Offense Gang Related (F):

Is Offense Computer Rel (G):

Drug Type (H):

Assault/Homicide Circum (I):

Burglary Point of Entry (T):

ADL # 12-3

Burglary Method of Entry (U):
Cancel Teletype:
Cancel Teletype Date:

Domestic:
Order or Protection:
Violate Order of Protection:
Issuing Court:
Arrest Made:
Non-Arrest Reason:
Resist Arrest:
Guns in House:
Victim Contrib Fact:
Suspect Contrib Fact:
Vulnerable Adult Abuse Case:

Officer: PO BERGER MICHAEL K 4986
Investigator:
Supervisor:

----- Tour Report Entries -----

AD # 17-4

Phone: (631)2261563 Nature: 10-17 Priority: 1 CC: 2010-0264208

Location: 206 7TH ST LINDEN BA Sector: 115

Cross Street: W JOHN ST / HARRINGTON AV

Complainant: JOSEPH SCHMITT 293-6214

Complainant Addr: 10 PINERIDGE MELVILLE HU

Interview Requested: Y

Remarks: COMP RECIEVED OPEN LINE FROM ABV/M SCREAMING THAT
"PERSON BETTER GET OUT OR SOMEONE GOING TO DIE TO
NIGHT"/ABV INFO FROM CAD SEARCH/STAMP**

Date Received: 05/27/10 ECO Pos/ID: 22/872 Unit(s): 115 111 119
Time Received: 18:10 Disp ID: 476
Time To Disp: 18:10 Shield: 5944
Time Dispatch: 18:16 Final Disp: DO
Time Unit Arr: 18:19 CR Field Match:
Time Closed: 19:08

----- Unit Times -----

115 05/27/10 18:16 EN
115 05/27/10 18:19 36 10-36 VIA MDC BUTTON
115 05/27/10 18:19 36
115 05/27/10 19:08 38
111 05/27/10 18:17 EN
111 05/27/10 19:08 27
119 05/27/10 18:40 EN
119 05/27/10 19:07 27
05/27/10 18:12 FF By 22/0872: RESIDENT NAME FOR LOCATION COMES
05/27/10 18:12 FF By 22/0872: BACK TO MRS MCDONNELL

Att # 131

----- Incident Data -----

CC: 10-264208 Pct:01 Sector: 115 Car: 115 Domestic: Y Command: 0100

Report Date: 05/27/10
Time: 1908Occurred From: 05/27/10 - 1805
To: -

Business Name:

Town Code: 5250

Address: 206 N 7TH ST LINDEN Zip:

Offense	Cat	Deg	Description	Att
			DOMESTIC	

Remarks: COMP RECIEVED OPEN LINE FROM ABV/M SCREAMING THAT

----- Persons Involved -----

Typ Name	DOB	Sex	Race	Ethnicity	Relation to Off
C MCDONNELL, DANIEL	19701116	M	White	Non-Hispanic	Child
206 N 7TH ST LINDENHURST NY 11757 [H]:226-1563 [W]:					

Type of Injury: None
Level of Injury:
Medical Treatment:

O MCDONNELL, JOSEPH	M	White	Non-Hispanic	parent
206 N 7TH ST LINDENHURST NY [H]:226-1563 [W]:				

Type of Injury:
Level of Injury:
Medical Treatment:

----- Suspects/Arrestees -----

Typ Name	DOB	Sex	Race	Ethnicity	Age	Hgt	Wgt
----------	-----	-----	------	-----------	-----	-----	-----

----- Vehicle(s) -----

Year Make	Model	VIN	Color	Plate	St
-----------	-------	-----	-------	-------	----

----- Property -----

Per	Sta	Quantity	Description	Typ	Value
-----	-----	----------	-------------	-----	-------

----- Narrative -----

VERBAL DISPUTE

----- Administrative -----

Case Status:

Date:

Teletype:

TOT:

Evidence/Tech Work Done:

Weapon (A):
Location (B):
Larceny/Theft Category (C):
Bias Crime Type (D):

Att # 132

Is Victim also Complainant (E):
Is Offense Gang Related (F):
Is Offense Computer Rel (G):
Drug Type (H):
Assault/Homicide Circum (I):
Burglary Point of Entry (T):
Burglary Method of Entry (U):
Cancel Teletype:
Cancel Teletype Date:

Domestic: Y
Order or Protection: N
Violate Order of Protection: N
Issuing Court:
Arrest Made: N
Non-Arrest Reason: No Offense
Resist Arrest:
Guns in House: N
Victim Contrib Fact:
Suspect Contrib Fact:
Vulnerable Adult Abuse Case:

Officer: PO WILSHYNSKY ROMAN N 5944
Investigator:
Supervisor:

----- Tour Report Entries -----

Ad # 1329

Agency	SCPD	ORI	05101	NEW YORK STATE DOMESTIC INCIDENT REPORT			Serial # (NYC)	3011	Incident #	10-262208		
DATES - Occurred	Month	Day	Year	Time (24 hrs)	Address of Occu.	APT	Permit (NYC) CTV	Aided # (NYC)	115	Complaint #	115	
Report	5	27	10	1805	206 N. 7th St., Lindenhurst	-						
	5	27	10	1825	How can we safely contact you? (e.g. Name, Phone)							
				1850	Self							
VICTIM/PARTY 1 (P1)	Name (Last, First, M.I.) (include aliases)					Phone	DOB	Month	Day	Year	Age	Sex
	B. McDonnell, Daniel					226-1563		11	16	70	39	Male
	Street & City					APT #	Zip	If non-English, language:				
	S/A/A					-	11757	Spanish Chinese Other:				
	Injured? No Yes					Removed to Hospital? No Yes If yes, what hospital?	White Black Asian Hispanic Non-Hispanic Unknown	Notes (e.g. special needs, disability, requests):				
	Describe: N/A					N/A						
VICTIM/PARTY 2 (P2)	Name (Last, First, M.I.) (include aliases)					Phone	DOB	Month	Day	Year	Age	Sex
	McDonnell, Joseph					226-1563		11	16	70	39	Male
	Street & City					APT #	Zip	If non-English, language:				
	S/A/A					-	11757	Spanish Chinese Other:				
	Injured? No Yes					Removed to Hospital? No Yes If yes, what hospital?	White Black Asian Hispanic Non-Hispanic Unknown	Notes (e.g. special needs, disability, requests):				
	Describe: N/A					N/A						
SUSPECT / PARTY 2 (P2)	LIVING SITUATION					RELATIONSHIP: (SUSPECT / P2 to VICTIM / P1)					Prior DV History? Yes No	
	Do parties currently live together? Yes No					Married Formerly Married					Prior DV police report? Yes No	
	IF NO, have they lived together in the past? Yes No					Intimate Partner/Dating Former Intimate/Dating					Victim fearful? Yes No	
	Do the parties have a child-in-common? Yes No					Child of victim/party 1 Parent of victim/party 1					Access to weapons? Yes No	
						Relative: Other:					Suspect: Drug/Alc History? Yes No	
											Suspect: Hx suicide threat? Yes No	
											Suspect: Probation/Parole? Yes No	
ASSOCIATED PERSONS	1. Name (Street / APT # / City, if needed)					Phone	DOB	Month	Day	Year	Relationship to victim / P1	
	McDonnell, Bridgette					226-1563		11	16	70	Mother	
	McDonnell, Danielle					226-1563		12	29	72	Sister	
SUSPECT ACTIONS	(Check all that apply)											
	Biting Destroyed Property (Estimated \$) Forced Entry Forcible Restraint Hair Pulling Homicide Impaired Alcohol/Drugs Injury to Child Injury to Other Persons Injury to Pet/Animal Interference with Phone Intimidation/Coercion Kicking Punching Pushing Sexual Assault Shooting Slapping Slamming Body Stabbing Strangulation/"Choking" Suicide or Attempt Threw Items Unwanted Contact Verbal Abuse Violated Visitation/ Custody Conditions OTHER Suspect Actions: Verbal Dispute Threats: (specify) Injury/Kill Persons Injury/Kill Self Injury/Kill Pet/Animal Take Child Destroy/Take Property Other: Threat with weapon Weapons used: (specify) Blunt Object Gun Motor Vehicle Sharp Instrument Other:											
ARREST	Arrest Made? Yes No		Arrest #		Reasons arrest not made on-scene: No Offense Committed No Probable Cause Suspect Off-Scene							
					Warrant/Criminal Summons to be requested Violation level: not in police presence (no citizen's arrest) Other:							
OFFENSES & OP	Offenses		Law (e.g. PL)		Section (Sub)		Charges Filed		Offenses Involved: (check all that apply) Felony Misdemeanor Violation Other (specify)			
									Registry Checked? Yes No OR Court Name: Family Criminal Supreme			
									Order of Protection? Yes No Out of State Tribal			
									Stay Away Order? Yes No Expiration Date Month Day Year			
									Order Violated? Yes No Any PRIOR orders? Yes No			
STOP! COMPLETE STATEMENT ON PAGE 2 NEXT												
INVESTIGATION	Photos Taken? Yes No		IF YES, photos taken of: Victim Injuries Suspect Injuries Other: Scene Damaged Property		Other evidence collected? Yes No IF YES, describe:							
	Results of investigation and basis of action taken. (Were excited utterances, spontaneous admissions or spontaneous statements made?) Yes No (Complete 710.30 or other form when applicable).											
	Conf. reports having a verbal dispute with his father. Subject left 1/2 prior to police arrival.											
OTHER AGENCIES involved with the parties or incident (e.g. advocates, hospital, probation):	N/A											
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No IF YES, officer must contact the NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522	Guns in House Guns Seized Has Permit Permit Seized Issuing County: Permit #(s): Name on Permit(s):											
CONTACTS INITIATED BY POLICE: Adult Protective Services Child Protective Services (or ACS) Domestic Violence Services Firearms Licensing Mental Health Parole Probation Rape Crisis Other Agency: Date: Who was notified? Notified by (initials)	13-4											
Officer's Signature (Rank)	(PRINT and SIGN) LD		Month		Day		Year		1. Was DIR given to the victim at the scene? Yes No			
Supervisor's Signature (Rank)	(PRINT and SIGN)		5		27		10		2. Was Victim Rights Notice given to victim? Yes No			
	IF NO, give reason:											

ORI 05101	Sprint # (NYC) 10-264208	Incident # 1	Precinct (NYC) CTV 115	Aided # (NYC) 115	Complaint # 115
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Page 2 of the NYS Domestic Incident Report:
STATEMENT OF ALLEGATIONS / SUPPORTING DEPOSITION

Suspect Name (Last, First, M.I.)

McDonnell, Joseph

I, Daniel McDonnell (victim/deponent name), state that on 5/27/10, (date) at 1805
 Yo, (nombre de victima/deponente), declaro que en tal fecha 5/27/10 en 206 N. 7th St. Lindenhurst NY 11757
 (location of incident), in the County/City/Town/Village of Babylon, of the state of New York, the following did occur:
 (donde el incidente ocurrio), el condado/ciudad/aldea/pueblo de Babylon, del estado de Nueva York, lo siguiente ocurrio:

I had an argument with my dad. At first he didn't want to leave, he went outside and wouldn't go. I was going to call the police but he left. I called my mother first but hung up, I guess it was she who called you, but she says she didn't call.

(Use additional pages as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.
 Declaraciones falsas hechas aqui son castigables como una clase de delito menor, de acuerdo con la seccion 210.45 de la ley penal.

[Signature]
 Victim/Deponent Signature
 Firma de victima/deponente

5/27/10
 Date
 Fecha

Note:
 Whether or not this form is signed, this DIR form will be filed with law enforcement.

Interpreter

Witness or Officer

Date

Date

Nota:
 Si esta forma esta firmada, o no, esta DIR forma sera registrada con la policia.

Alt # 1313

Phone: (516)3187227 Nature: 10-17 Priority: 1 CC: 2011-0018965

Location: JOHN ST LINDEN BA Sector: 115

Cross Street: N 7TH / ***STAMP

Complainant: MARGARET HESS

Complainant Addr: 92 W JOHN ST LINDEN

Interview Requested: Y

Remarks: POSSIBLE GUN-M FROM NEIGHBORHOOD THREATENING
COMPL AND HER FIANCE TOLD THEM HE HAS A "45" IN
HIS BACK POCKET, NOSE TO NOSE YELLING DISPUTAC

Date Received: 01/12/11 ECO Pos/ID: 16/853 Unit(s): 120 119 118 115 116 117
Time Received: 16:20 Disp ID: 442
Time To Disp: 16:20 Shield: 5752
Time Dispatch: 16:22 Final Disp:
Time Unit Arr: 16:23 CR Field Match: E
Time Closed: 17:39

----- Unit Times -----

115 01/12/11 16:22 EN
115 01/12/11 16:23 36 10-36 VIA MDC BUTTON
115 01/12/11 17:39 38
01/12/11 16:22 FF By 16/0853: NO WEAPON SEEN-ARGUMENT STARTED
01/12/11 16:22 FF By 16/0853: OVER SNOW SHOVELING
116 01/12/11 16:22 EN ASSISTING UNIT 115
116 01/12/11 17:39 27
117 01/12/11 16:22 EN
117 01/12/11 16:27 36 10-36 VIA MDC BUTTON
117 01/12/11 17:36 27
119 01/12/11 16:22 EN ASSISTING UNIT 115
119 01/12/11 16:28 36 10-36 VIA MDC BUTTON
119 01/12/11 17:33 27
120 01/12/11 16:24 EN ASSISTING UNIT 115
120 01/12/11 16:24 36 CNTL
120 01/12/11 16:45 27
118 01/12/11 16:22 EN ASSISTING UNIT 115
118 01/12/11 16:24 36 10-36 VIA MDC BUTTON
118 01/12/11 17:32 27

Att # 147

----- Incident Data -----

CC: 11-018965 Pct:01 Sector: 115 Car: 115 Domestic: N Command: 0120

Report Date: 01/12/11
Time: 1710Occurred From: 01/12/11 - 1620
To: -

Business Name: RESIDENCE

Town Code: 5250

Address: 92 W JOHN ST LINDEN Zip: 11757

Offense	Cat	Deg	Description	Att
PL 240.26 03	V	2	HARASSMENT 2	C

Remarks:

----- Persons Involved -----

Typ Name	DOB	Sex	Race	Ethnicity	Relation to Off
C TEPEDINO, MICHELE	19570615	M	White	Non-Hispanic	Stranger
3 E GROVE ST LINDENHURST NY [H]: 4732604 [W]:					

Type of Injury: None
Level of Injury: Not Injured
Medical Treatment: Not Treated

----- Suspects/Arrestees -----

Typ Name	DOB	Sex	Race	Ethnicity	Age	Hgt	Wgt
A MCDONNEL, DANIEL	19701116	M	White	Non-Hispanic	40		
206 N 7TH ST LINDENHURST NY [H]:226-1563 [W]:							
Relationship to Victim/Complainant:							

----- Vehicle(s) -----

Year Make	Model	VIN	Color	Plate	St
1991 FORD			WHITE	EXM812	NY

----- Property -----

Per	Sta	Quantity	Description	Typ	Value
-----	-----	----------	-------------	-----	-------

----- Narrative -----

ABOVE COMPL. STATES HE WAS PLOWING THE STREET AT HIS FRIENDS HOUSE WHEN THE NEXT DOOR NEIGHBOR, MCDONNEL, DANIEL AT 206 N 7TH ST. BACKED HIS ABOVE VAN IN THE DIRECTION OF THE COMPL. TRYING TO RUN HIM DOWN. (S) ALSO STATED TO COMPL., 'I HAVE A .45 CAL AND I'LL USE IT ON YOU.' COMPL. WISHES TO PRESS CHARGES.

UPDATE PO 4981

FACTS- COMPLAINANT TEPEDINO, MICHELLE 6/15/57 REPORTS THAT ON 1/12/11 AT 1710 HRS. IN FRONT OF 92 W. JOHN ST. LINDENHURST HE WAS MENACED BY A NEIGHBOR MCDONNELL, DANIEL 11/16/70 OF 206 N. 7TH ST LINDENHURST WHO ALSO ATTEMPTED TO STRIKE HIM WITH A VEHICLE.

STATEMENTS- THAT OF COMPLAINANT, PDCS 1165B, DATED 1/28/11.

EVIDENCE- PHOTOSPREAD INCLUDING POSITIVE ID STATEMENT INCLUDED IN CASE

All # 142

FOLDER. A SKETCH OF INCIDENT BY COMPLAINANT ALSO INCLUDED IN CASE FOLDER.

ACTIONS TAKEN- 1/19/11- RECEIVED CASE. REQUESTED DMV PHOTO OF DEFENDANT. 1/28/11- PREPARED PHOTOSPREAD. COMPLAINANT AT 1ST PCT. FOR INTERVIEW. POSITIVE ID AT 1310 HRS. WRITTEN STATEMENT OBTAINED. INTERVIEW OF WITNESS HESS, MARGARET 9/19/62 WHO REFUSED WRITTEN STATEMENT. CONTACTED DEFENDANT BY TELEPHONE AND ARRANGED SURRENDER. 1/30/11- ARRESTED DEFENDANT AT 1000 HRS. ATTACHED TO ATTORNEY ARTURA, RICHARD. ADVISED COMPLAINANT OF STATUS.

CONCLUSION- CASE IS CLEARED BY ARREST.

----- Administrative -----

Case Status: Cleared by Arrest Date: 20110130
Teletype: TOT:

Evidence/Tech Work Done:

Weapon (A):
Location (B): Highway/Roadway/Str.
Larceny/Theft Category (C):
Bias Crime Type (D):
Is Victim also Complainant (E):
Is Offense Gang Related (F): N
Is Offense Computer Rel (G): N
Drug Type (H):
Assault/Homicide Circum (I):
Burglary Point of Entry (T):
Burglary Method of Entry (U):
Cancel Teletype:
Cancel Teletype Date:
Victim Contrib Fact: None
Suspect Contrib Fact: None
Vulnerable Adult Abuse Case: N

Officer: PO	KLARMANN	MICHAEL J	5752
Investigator: PDET	KARP	BRIAN M	1434
Supervisor: SGT	ANDERSON	ROBERT S	0903

----- Tour Report Entries -----

Att # 143

Phone: (631)2262694 Nature: 10-17 Priority: 1 CC: 2011-0041938

Location: 212 7TH ST LINDEN BA Sector: 115

Cross Street: W JOHN ST / HARRINGTON AV

Complainant: PATRICE SPINA

Complainant Addr: 212 N 7TH ST LINDEN BA

Interview Requested: Y

Remarks: NEIGHBOR ASSAULTING COMP HUSBAND
STAMP

Date Received: 01/26/11 ECO Pos/ID: 19/453 Unit(s): 118 118 115 117 119
Time Received: 16:29 Disp ID: 877
Time To Disp: 16:29 Shield: 5576
Time Dispatch: 16:30 Final Disp:
Time Unit Arr: 16:35 CR Field Match: E
Time Closed: 18:57

----- Unit Times -----

119 01/26/11 16:30 EN ASSISTING UNIT 118
119 01/26/11 16:35 36 10-36 VIA MDC BUTTON
119 01/26/11 16:35 36 10-36 VIA MDC BUTTON
119 01/26/11 16:35 36
119 01/26/11 16:39 CO By 01/0877: CONTROLLED SITUATION
119 01/26/11 17:19 27
115 01/26/11 16:33 EN ASSISTING UNIT 118
115 01/26/11 16:38 36 10-36 VIA MDC BUTTON
115 01/26/11 18:57 38
118 01/26/11 16:30 EN
118 01/26/11 16:35 36 10-36 VIA MDC BUTTON
118 01/26/11 16:35 36
118 01/26/11 16:44 27
118 01/26/11 16:44 EN
118 01/26/11 16:44 36
118 01/26/11 16:52 27
01/26/11 16:31 FF By 29/0791: CHRISTINA RECALLED NEIGHBOR THRE
01/26/11 16:31 FF By 29/0791: ATENING HER FATHER IFO IL/NO WEA
01/26/11 16:31 FF By 29/0791: PONS
01/26/11 16:48 FF By 01/0877: XREF CC#41936
117 01/26/11 16:31 EN ASSISTING UNIT 118
117 01/26/11 16:38 36 10-36 VIA MDC BUTTON
117 01/26/11 17:12 27

Att # 19-1

----- Incident Data -----

CC: 11-041938 Pct:01 Sector: 115 Car: 115 Domestic: N Command: 0120

Report Date: 01/26/11 Occurred From: 01/26/11 - 1628
Time: 1638 To: -Business Name: RESIDENCE Town Code: 5250
Address: 212 N 7TH ST LINDEN Zip: 11757

Offense	Cat	Deg	Description	Att
PL 240.26 03	V	2	HARASSMENT 2	C

Remarks: NEIGHBOR ASSAULTING COMP HUSBAND

----- Persons Involved -----

Typ Name	DOB	Sex	Race	Ethnicity	Relation to Off
C SPINA,VINCENT	19641024	M	White	Non-Hispanic	
212 N 7TH ST LINDENHURST NY [H]: 6312262694 [W]:					

Type of Injury:
Level of Injury:
Medical Treatment:

----- Suspects/Arrestees -----

Typ Name	DOB	Sex	Race	Ethnicity	Age	Hgt	Wgt
S MCDONNELL,DANIEL	19701116	M	White		40		
206 N 7TH ST LINDENHURST NY [H]: [W]:							
Relationship to Victim/Complainant:							

----- Vehicle(s) -----

Year	Make	Model	VIN	Color	Plate	St
------	------	-------	-----	-------	-------	----

----- Property -----

Per	Sta	Quantity	Description	Typ	Value
-----	-----	----------	-------------	-----	-------

----- Narrative -----

COMP STATES THAT HE WAS CONFRONTED OUTSIDE HIS RESIDENCE BY HIS NEIGHBOR (ABOVE S) WHO STATED TO THE COMP THAT HE WAS GOING TO KILL THE COMP AND THAT HIS FAMILY WOULD BE GOING TO HIS FUNERAL. THIS CAUSED THE COMP TO BE FEARFUL FOR HIS SAFETY AND THAT OF HIS FAMILY. UPON ARRIVAL, THE SUSPECT HAD RETURNED TO HIS HOME AND REFUSED TO ANSWER HIS DOOR TO SPEAK WITH UNDERSIGNED. COMP STATES THIS IS AN ONGOING PROBLEM AND WOULD LIKE TO HAVE SUSPECT ARRESTED. COPY TO PCS.

Facts: On 01/26/2011, at approximately 1628 hrs, the complainant, Vicent SPINA, dob: 10/24/1964, states that at I/F/O 212 North 7 St., Lindenhurst, a Daniel McDonnell, dob: 11/16/1970 did harass the C/V by screaming at the C/V, "Your fucking dead man, tell your family to start planning your funeral!".

Evidence: None.

Att # 15-2

Statements: None.

Actions Taken: The I/O received the case on 01/26/11, as a result of a walk-in to the 1st Pct. The C/V was interviewed and based on this interview a criminal summons for a charge of Harassment 2, NYS PL 240.26 sub 1 was prepared and forwarded to 1st District Court.

Conclusion: Case classified as Exceptionally Cleared.

----- Administrative -----

Case Status: Exceptionally Cleared Date: 20110403
Teletype: TOT: 0120

Evidence/Tech Work Done:

Weapon (A): None/Not Applicable
Location (B): Single Family Yard/Garden
Larceny/Theft Category (C):
Bias Crime Type (D):
Is Victim also Complainant (E): Y
Is Offense Gang Related (F): N
Is Offense Computer Rel (G): N
Drug Type (H):
Assault/Homicide Circum (I):
Burglary Point of Entry (T):
Burglary Method of Entry (U):
Cancel Teletype:
Cancel Teletype Date:
Victim Contrib Fact:
Suspect Contrib Fact:
Vulnerable Adult Abuse Case:

Officer: PO	WHIDDEN	JOHN C	5576
Investigator: PO	SHERIDAN	JOHN M	4803
Supervisor: SGT	OBRIEN	DAVID R	0828

----- Tour Report Entries -----

Att # 153

COUNTY OF SUFFOLK



STEVE BELLONE
COUNTY EXECUTIVE

EDWARD WEBBER
POLICE COMMISSIONER

POLICE DEPARTMENT

July 1, 2013

Daniel Foisset
1555 6th Street
West Babylon, New York 11704

I.A.B. Case #11-347i

Dear Mr. Foisset:

I am investigating a complaint of alleged police misconduct regarding the in-custody death of Mr. Daniel McDonnell on May 6, 2011 at the First Precinct in West Babylon. Our records indicate that you responded to this call on behalf of the West Babylon Fire Department.

Please contact me at your earliest convenience to discuss this matter. I may be reached at the Internal Affairs Bureau at (631) 852-6265. Thank you.

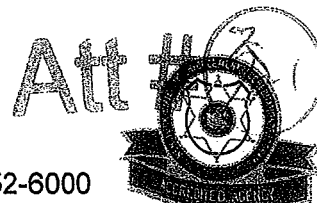
Yours truly

Christopher A. Love
Sergeant
Internal Affairs Bureau




ACCREDITED LAW ENFORCEMENT AGENCY

30 YAPHANK AVENUE, YAPHANK, NEW YORK 11980 -- (631) 852-6000



comm 1500 1A# 11-3471 iCL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Daniel Foisset 1555 6th Street W. Babylon NY 11704</p>	<p>A. Signature <input checked="" type="checkbox"/> X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 7011 2970 0003 4592 2172</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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OFFICIAL USE

Postage	\$ 4.6
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

7011 2970 0003 4592 2172

USPS
PHANK NY 11980
JUL - 2 2004
Mark Here

Sent To: Daniel Foisset
Street, Apt. No., or PO Box No.: 1555 6th Street
City, State, ZIP+4: W. Babylon NY 11704

PS Form 3800, August 2006 See Reverse for Instructions

COUNTY OF SUFFOLK



STEVE BELLONE
COUNTY EXECUTIVE

EDWARD WEBBER
POLICE COMMISSIONER

POLICE DEPARTMENT

July 1, 2013

Thomas Smyth
40 Maryland Street
Dix Hills, New York 11746

I.A.B. Case #11-347i

Dear Mr. Smyth:

I am investigating a complaint of alleged police misconduct regarding the in-custody death of Mr. Daniel McDonnell on May 6, 2011 at the First Precinct in West Babylon. Our records indicate that you responded to this call on behalf of the West Babylon Fire Department.

Please contact me at your earliest convenience to discuss this matter. I may be reached at the Internal Affairs Bureau at (631) 852-6265. Thank you.

Yours truly

Christopher A. Love
Sergeant
Internal Affairs Bureau

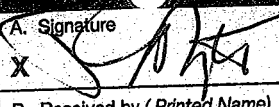
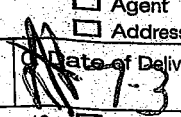


ACCREDITED LAW ENFORCEMENT AGENCY

30 YAPHANK AVENUE, YAPHANK, NEW YORK 11980 – (631) 852-6000



COMM 1500 1A# 11-347 CL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Thomas Smyth 40 Maryland Street Dix Hills NY 11746</p>		<p>B. Received by (Printed Name) </p> <p>Date of Delivery 7-3</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Tracking Number 7011 2970 0003 4592 2189</p> <p>Transfer from service fee</p>			
<p>Printed on 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-154</p>	

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OFFICIAL USE

Postage	\$ 46
Certified Fee	310
Return Receipt Fee (Endorsement Required)	255
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 611



Sent To Thomas Smyth

Street, Apt. No., or PO Box No. 40 Maryland street

City, State, ZIP+4 Dix Hills NY 11746

PS Form 3800, August 2006 See Reverse for Instructions

COUNTY OF SUFFOLK



STEVE BELLONE
COUNTY EXECUTIVE

EDWARD WEBBER
POLICE COMMISSIONER

POLICE DEPARTMENT

July 1, 2013

Alysha Coelho
36 Prescott Place
Old Bethpage, New York 11804

I.A.B. Case #11-347i

Dear Ms. Coelho:

I am investigating a complaint of alleged police misconduct regarding the in-custody death of Mr. Daniel McDonnell on May 6, 2011 at the First Precinct in West Babylon. Our records indicate that you responded to this call on behalf of the West Babylon Fire Department.

Please contact me at your earliest convenience to discuss this matter. I may be reached at the Internal Affairs Bureau at (631) 852-6265. Thank you.

Yours truly

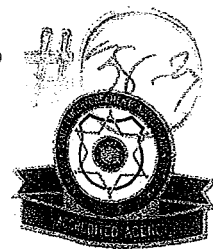
A handwritten signature in black ink, appearing to read "Chris Love", with a date "7/1/13" written to the right.

Christopher A. Love
Sergeant
Internal Affairs Bureau



ACCREDITED LAW ENFORCEMENT AGENCY

30 YAPHANK AVENUE, YAPHANK, NEW YORK 11980 – (631) 852-6000



comm 1500 1A # 1-347 CL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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<p>1. Article Addressed to:</p> <p><u>Alysha Coelho</u> <u>36 Prescott Place</u> <u>Old Bethpage NY 11804</u></p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number _____</p> <p>(Transfer from service label) <u>7011 2970 0003 4592 2165</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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OFFICIAL USE

Postage	\$ <u>46</u>
Certified Fee	<u>310</u>
Return Receipt Fee (Endorsement Required)	<u>255</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>611</u>

YAPHANK NY 11980
 Postmark Here **JUL -2 2003**
 USPS

Sent To Alysha Coelho
 Street, Apt. No., or PO Box No. 36 Prescott Place
 City, State, ZIP+4 Old Bethpage NY 11804

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